## Apprentice/Student Lobster & Crab Harvesting 2020

This form may be used to apply for or renew licenses. Please provide all information requested. Incomplete applications will be returned for correction.



Declared Zone\_\_\_\_\_Sponsors Signature\_

Part A: Applica	nt Information	Lai	ndings #
Last Name:		_ First Nar	ne
Social Security #		_ Sex	DOB
Eye Color	Hair Color		Height
	Driver's License		
If no driver's license	e - reason		
	nt/guardian DL license #		
City:	State: _		Zip Code:
Physical Address:			Zip code:_
•	(IF DIFFERENT		
Email	·		
	Mobile#		
	Must list at least one phone	e number	

	E:1		(IF DIFFERENT THAN MAILING)		
	Landline#	Must lis	Mobile#t at least one phone number		
Part B: Fishery					
License Jan. 1, 2020 to Dec. 31, 2		refundable 🔪	Part C: Supplemental Information		
	Renew New	Fees			
		\$ 65	Fill out all information completely. False statements or		
		\$132	misrepresentations will result in the revocation of the license and		
apprentice over age 70		\$ 66	prosecution in Court. Students list boat(s) you will be using to		
			fish your tags.		
			Tags must be designated to a specific boat. If you will be double tagging - you must submit a request in writing for a special circumstance permit. The boat		
Student license holders ONLY can order tags & list buoy colors			owner has priority over tag limits for the boat. If you apply for this license		
		0.05	<b>before</b> the boat owner has applied for his license –your tags will automatically be		
		\$65	unregistered and cannot be used to fish. You will need to follow the Special		
If 18 or older, you must show proof of cu	rrent full-time stude	nt status.	Circumstances Request below in order to register tags.		
Have you graduated from high scho	ol or received an e	equivalent degree	**DO NOT SUDMIT VOUD ADDITION DEFODE VOU		
(e.g. GED)? ☐ <b>YES</b> ☐ <b>NO</b> If you selected no, please answer the following question:			**DO NOT SUBMIT YOUR APPLICATION BEFORE YOU.  SPONSOR IS LICENSED**		
					Were you enrolled in school this calendar year? $\square$ YES $\square$ NO
Buoy Color (students only)			Vessel 1: Boat Registration # / Doc #		
doy Color (students only)			Boat Owner's Name		
Trap Tags (Stud	dents only)		Boat LengthBoat Name		
Number of trap tags at \$0.50 each \$			Town of Primary Anchorage		
rap Tag Limits: Age 8 to 10 up to 10 to	ags— DMI Only 10	tags	# of tags applicant is fishing from this boat		
Age 11 to 13 up to 50 ta			Vessel 2: Boat Registration # / Doc #		
Age 14 to 22 up to 150 tags— <b>DMI Only 50 tags</b>			Boat Owner's Name		
All traps in use must be tagged. Allow up to 4-6 weeks for delivery. New tags			Boat LengthBoat Name		
nust be on traps by June 1-no exception	S.		Town of Primary Anchorage		
Declared Zone (A-G)			Did you fish recreationally in tidal waters of the State of Maine last year?		
Zone(s) in which you intend to fi	sh		☐ Yes ☐ No		
$A \square B \square C \square D \square$	DMI □ E □	$\mathbf{F} \square \mathbf{G} \square$	CDE CLAT CID CUIT (CEA NICEC		
Students and Apprentices You must have at least one sponsor.			SPECIAL CIRCUMSTANCES  All requests for labeter two tags that yould not any vascal in violation of the		
Sponsors must hold a curre			All requests for lobster trap tags that would put any vessel in violation of the lobster trap tag vessel limitation must be made to the department in writing. If yo		
license for 5 years when you apply. DM	<u>II students must have</u>	e DMI sponsor	have requested a special circumstance last year, and nothing has changed you do		
Sponsor #1 Landings Number		<del></del>	not need to submit another request. If this is a new request, you would need to		
Name		<del></del>	include, but are not limited to, any double tagging situation. The request must be		
Boat Reg. Or Doc. Number			specific and, in the case of double tagging, include ALL parties involved along		
Boat Name			with the vessel information. Any such approvals that are granted will be in the		
Declared Zone			form of a special circumstances permit, as required under Title 12, Chapter 25.08(F). Any fishing activity not expressly authorized in the special		
Sponsor Signature			circumstances permit granted by the Commissioner shall be a violation of the law		
Sponsor #2 Landings Number			and subject to prosecution.		
Name		<del></del>			
Boat Reg. Or Doc. Number			Please contact Marine Patrol Headquarters if you have any questions		
Boat Name			regarding Special Circumstances at: 207-624-6555		
Declared Zone					
Sponsor Signature Sponsor #3 Landings Number					
Name			**Cion and data in Deat D. Couter 1		
Boat Reg. Or Doc. Number			**Sign and date in Part D: Certification		
Boat Name			λ , ,		
Dadard Zona			<b>↑</b> on back		

Today's Date/Applicant(signature of applicant)  Applicants under 18 must have a parent or legal guardian who also meets the resident  Under Title 12, \$6306, (1)(2) and (3), a person licensed by the Department of Marine Resonance of the state of the sta	Parent or Guardian
Applicants under 18 must have a parent or legal guardian who also meets the resident Under Title 12, §6306, (1)(2) and (3), a person licensed by the Department of Marine Resonance	
	ncy requirements sign this form.)
aquaculture lease under this Part may be searched or inspected at an B. Any other location where activities subject to this Part are conduct. C. A location specified in paragraph B may be inspected at any time	aquaculture lease or receives a license or aquaculture lease under this Part had seizure by a marine patrol officer under the following conditions.  To vehicles used primarily in a trade or business requiring a license or y time.  The tender of the trade of the service of the
<ul> <li>D. No residential dwelling may be searched without a search warran</li> <li>2. Seizure of evidence. Any person who signs an application for a license or activity to permit seizure of evidence of a violation of marine resources laws found</li> <li>3. Refusal. Refusal to permit inspection or seizure is a basis for suspension of a</li> </ul>	uaculture lease or receives a license or aquaculture lease under this Part has a during an inspection or search.
Have licensed sponsor complete applicable information in <b>Part B</b> . Fill <b>residency requirements</b> included on this document and <b>certify your</b> a document in an envelope along with a check or money order payable to for <b>credit card payments</b> , affix a stamp and put it in the mail. <b>We can</b> questions call (207) 624-6550.	application with your signature in Part D. Enclose this Treasurer, State of Maine or fill out the section below
Mail to:	
Licensing Div	
Department of Marin	
21 State House	
Augusta, ME	)4333
Residency Requirements: Any individual who has been domiciled in application is eligible for a resident license. A corporation is eligible for the laws of Maine and it has existed in Maine for 6 months preceding the laws officers or partners have been domiciled in Maine for 6 months policense application, a resident is a person who:  A. If registered to vote, is registered in Maine;  B. If licensed to drive a motor vehicle, has made application for a Maine;  C. If the owner of one or more motor vehicles located within the St	r a resident license if it has been created and exists under ne date of application. A firm or partnership is eligible if all receding the date of application. For the purposes of this Maine motor vehicle operator's license;
Maine; and D. If required to file a Maine income tax return on the previous Apr	-
D. If required to the a maine meetine tax return on the previous Apr	
PAYMENT INFORMATION:	
	<b>I</b> aine
PAYMENT INFORMATION:	. ions so we can manually submit your check to the bank for

Your credit card or checking account will be charged for what you have applied for on this application

First Name\_\_\_\_\_ Last Name\_\_\_\_\_ Last Name\_\_\_\_\_ MUST BE AS IT APPEARS ON CARD – PLEASE PRINT LEGIBLY AS THIS MAY AFFECT PROCESSING OF APPLICATION

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_\_, CVV#\_\_\_\_\_\_ expiration date \_\_\_\_\_